FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2933 NW 17 TERRACE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K79469

BRANDT REALTY, INC.

RRANDI HEALIT, INC

Principal Place of Business 2933 NW 17 TERR.

FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 DO NOT WRITE IN THIS SPACE US 3. Date incorporated or Qualifed 04/11/1989 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 26 65-0115494 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent IANNACCONE, JAMES T. Street Address (P.O. Box Number is Not Acceptable) 800 E. BROWARD BLVD. STE 500 8.3 1.3 FT. LAUDERDALE FL 33301 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE **BRANDT, CORRINE** 1.2 NAME NAME 2933 NW 17 TERR. 1,3 STREET ADORESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition 31 T/T) F 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or up an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

La ANTON

SIGNATURE AND TYPED OR BRINGED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-98 9547772959

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90051 015 ***150.00

avtime Phone #

CR2E034 (11/98)